# **EXHIBIT A**

# Electronic Filing Instructions for your 2022 Federal Tax Return Important: Your taxes are not finished until all required steps are completed.



Kevin N George 1655 Grove Street San Francisco, CA 94117

Balance Due/ Refund	amount of \$29,351.00. Your tax your account. The account infor	Your federal tax return (Form 1040) shows a refund due to you in the amount of \$29,351.00. Your tax refund will be direct deposited into your account. The account information you entered - Account Number:  Routing Transit Number: 121000358.										
When Will You Get Your Refund?	The IRS issued more than 9 out of 10 refunds to taxpayers in less than 21 days last year. The same results are expected in 2023. To get your estimated refund date from TurboTax, log into My TurboTax at www.turbotax.com. If you do not receive your refund within 21 days, or the amount you get is not what you expected, contact the Internal Revenue Service directly at 1-800-829-4477. You can also check www.irs.gov and select the "Where's my refund?" link.											
What You Need to Keep	   Your Electronic Filing Instruct   A copy of your federal return 	ions (this f	orm)									
2022 Federal Tax Return Summary	Adjusted Gross Income   Taxable Income   Total Tax   Total Payments/Credits   Amount to be Refunded   Effective Tax Rate	ទ ទ ទ ទ ទ	149,646.00 124,448.00 20,948.00 50,299.00 29,351.00 14.00%									

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l	J.S.	Indivi	idual	Income	Tax F	Return

2	<b>022</b>

OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

Filing Status Check only one box.	If yo	Single Married filing jointly use the checked the MFS box, enter the nation is a child but not your dependent	ame of y	d filing separately (Nour spouse. If you cl		_		. ,	S	pous	iying surviving se (QSS) name if the qualifying		
Your first name	and mi	ddle initial	Last nan	ne					You	r soci	ial security number		
Kevin N			Georg	ge									
If joint return, s	oouse's	first name and middle initial	Last nan	ne					Spor	ıse's	social security numbe		
Home address	(numbe	r and street). If you have a P.O. box, see	instructio	ns.			Apt. n	0.	Pres	ident	tial Election Campaig		
1655 Gro	ve s	Street							- 1		ere if you, or your		
City, town, or p	ost offic	e. If you have a foreign address, also co	mplete sp	oaces below.	Stat	te	ZIP code				filing jointly, want \$3 his fund. Checking a		
San Fran	ciso	90			CA		94117		"		w will not change		
Foreign country	name		F	oreign province/state/o	count	у	Foreign pos	stal cod	e your	tax	or refund.  You Spouse		
Digital Assets		y time during 2022, did you: (a) reco									☐ Yes		
Standard		eone can claim: You as a de					, ,				<u> </u>		
Deduction		Spouse itemizes on a separate return	•										
		Were born before January 2, 1		1	use:	Was bor	n before J	anuan	/ 2, 195	8	☐ Is blind		
Dependents	s (see	nstructions):		(2) Social security		(3) Relationsh	ip (4) Che	eck the	box if q	ualifie	es for (see instructions).		
If more	<b>(1)</b> Fi	rst name Last name		number		to you	CI	nild tax	credit	Credit for other dependents			
than four	Jac	kson N Laymon				Son					×		
dependents, see instructions	s ——												
and check													
here													
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	instructions)					.	1a	0.		
	b								.	1b			
Attach Form(s) W-2 here. Also	С								.	1c			
attach Forms	d							.	1d				
W-2G and 1099-R if tax	е							.	1e				
was withheld.	f	Employer-provided adoption bene		•					.	1f			
If you did not	g	Wages from Form 8919, line 6 .			•				.	1g			
get a Form W-2, see	h	Other earned income (see instructi	•		•		· · ·		.	1h	0.		
instructions.	i	Nontaxable combat pay election (s	see instru	uctions)	•	<u>1i</u>			-				
		Add lines 1a through 1h	. i .	· · · · · i				٠.	.	1z	0.		
Attach Sch. B	2a	· —	2a	0.212		axable interest			.	2b	110.		
if required.	3a		3a	8,313.		rdinary divider			.	3b	8,320.		
	4a	<u> </u>	4a			axable amoun			.	4b			
Standard Deduction for—	5a	<u> </u>	5a			axable amoun			.	5b			
Single or	6a	, <u> </u>	6a	anthad abadabana		axable amoun				6b			
Married filing separately,	c	If you elect to use the lump-sum e			-			٠.	H	7	400		
\$12,950	7	Capital gain or (loss). Attach Schedule 1. lin							□             □   </td <td>7</td> <td>-400.</td>	7	-400.		
Married filing jointly or	8	Other income from Schedule 1, lin Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,								9	141,616.		
Qualifying surviving spouse,	9 10	Add lines 12, 25, 35, 45, 55, 65, 7, Adjustments to income from Sche							.  -	10	149,646.		
\$25,900	11	Subtract line 10 from line 9. This is							.	11	140 646		
Head of household,	12	Standard deduction or itemized							.  -	12	149,646. 25,197.		
\$19,400 If you checked	13	Qualified business income deducti		•	,				.  -	13	25,197.		
any box under	14	Add lines 12 and 13			555				·	14	25,198.		
Standard Deduction,	15	Subtract line 14 from line 11. If zer			our t	axable incom	e .		:	15	124,448.		
see instructions.		2223401 1110 17 11011 1110 111 11 201	5 01 1000	, 5 . IIII 10 15 y	Jui 6						124,440.		

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2022)

		Case 3:25-cv-02472	-SI Doci	ument 1-1	. Filed 03	/12/25	Page	4 of 49	
Form 1040 (2022	2)								Page 2
Tax and	16	Tax (see instructions). Check						. 16	21,455.
Credits	17	Amount from Schedule 2, lin						. 17	
	18	Add lines 16 and 17							21,455.
	19	Child tax credit or credit for							500.
	20	Amount from Schedule 3, lin	e8					. 20	7.
	21	Add lines 19 and 20						. 21	507.
	22	Subtract line 21 from line 18.	. If zero or less,	enter -0				. 22	20,948.
	23	Other taxes, including self-en						. 23	0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>					. 24	20,948.
<b>Payments</b>	25	Federal income tax withheld							
-	a	Form(s) W-2				25a	50,2	99.	
	b	Form(s) 1099				25b		0.	
	C	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						. 25d	50,299.
и	26	2022 estimated tax payment	s and amount a	pplied from 20	21 return			. 26	
If you have a undergraph qualifying child,	27	Earned income credit (EIC)			No .	27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27, 28, 29, and 31.	These are your	total other pa	ayments and refu	ındable cre	dits .	. 32	
	33	Add lines 25d, 26, and 32. The	-	-	-			. 33	50,299.
Defined	34	If line 33 is more than line 24							29,351.
Refund	35a					-			29,351.
Direct deposit?	b	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here							-
See instructions.	d	Account number							
	36	Amount of line 34 you want a				36			
Amount	37	Subtract line 33 from line 24.							
You Owe	01	For details on how to pay, go						. 37	
	38	Estimated tax penalty (see in	structions) .			38			
Third Party	Do	you want to allow another	person to disc	cuss this retur	n with the IRS?	See		•	
Designee	ins	nstructions							<b>X</b> No
		signee's		Phone				identification	
	naı			no.			number (I	•	
Sign		der penalties of perjury, I declare to ief, they are true, correct, and com							
Here		ur signature		Date	Your occupation				nt you an Identity
	10	ui signature		Date	Tour occupation				IN, enter it here
Joint return?					Unemployed	d		(see inst.)	
See instructions.	Sp	ouse's signature. If a joint return, b	oth must sign.	Date	Spouse's occupat	ion			nt your spouse an
Keep a copy for your records.								(see inst.)	ection PIN, enter it here
,		//15/005 055						(See Inst.)	
		one no. (415)235–8678		Email address		Data	DT	INI	Chook if:
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PT	IIN	Check if:
Preparer									Self-employed
Use Only		m's name Self-Pre	epared					Phone no.	
		m's address						Firm's EIN	
Go to www.irs.go	ov/Form	n1040 for instructions and the lates	st information.		BAA	REV 07/10/23	TTW		Form 1040 (2022)

#### **SCHEDULE 1** (Form 1040)

**Additional Income and Adjustments to Income** 

Attach to Form 1040, 1040-SR, or 1040-NR.

OMB No. 1545-0074 Attachment Sequence No. 01

Your social security number

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Go to www.irs.gov/Form1040 for instructions and the latest information.

evi	n N George				
Par	t I Additional Income				
1	Taxable refunds, credits, or offsets of state and local income taxes			1	0.
2a	Alimony received			2a	
b	Date of original divorce or separation agreement (see instructions):				
3	Business income or (loss). Attach Schedule C			3	
4	Other gains or (losses). Attach Form 4797			4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta			5	
6	Farm income or (loss). Attach Schedule F			6	
7	Unemployment compensation			7	
8	Other income:		,		
а	Net operating loss	8a (	)		
b	Gambling	8b			
С	Cancellation of debt	8c	,		
d	Foreign earned income exclusion from Form 2555	8d (	)		
е	Income from Form 8853	8e			
f	Income from Form 8889	8f			
g	Alaska Permanent Fund dividends	8g			
h	Jury duty pay	8h			
i	Prizes and awards	8i			
j	Activity not engaged in for profit income	8j			
	Stock options	8k			
I	Income from the rental of personal property if you engaged in the rental				
	for profit but were not in the business of renting such property	81			
m	Olympic and Paralympic medals and USOC prize money (see				
	instructions)	8m			
	Section 951(a) inclusion (see instructions)	8n			
0	Section 951A(a) inclusion (see instructions)	8o q8			
p	Section 461(I) excess business loss adjustment	8q			
-	Scholarship and fellowship grants not reported on Form W-2	8r			
r	Nontaxable amount of Medicaid waiver payments included on Form	OI			
S	1040, line 1a or 1d	8s (	)		
t	Pension or annuity from a nonqualifed deferred compensation plan or		,		
-	a nongovernmental section 457 plan	8t	141,616.		
u	Wages earned while incarcerated	8u			
	Other income. List type and amount:				
		8z			
9	Total other income. Add lines 8a through 8z			9	141,616.

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2022

141,616.

10

Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8

Schedule 1 (Form 1040) 2022 Page **2** 

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-			
	officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8l from the			
		24b		
С	Nontaxable amount of the value of Olympic and Paralympic medals			
		24c		
d	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	24d		
е	Repayment of supplemental unemployment benefits under the Trade			
		24e		
f	\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	24f		
g	• • • • • • • • • • • • • • • • • • • •	24g		
h	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)	24h		
i	Attorney fees and court costs you paid in connection with an award			
	from the IRS for information you provided that helped the IRS detect			
	tax law violations	24i		
j		24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	- /	24k		
Z	Other adjustments. List type and amount:			
		24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income	. Enter here and on		
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	

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REV 07/10/23 TTW

Schedule 1 (Form 1040) 2022

**SCHEDULE 3** (Form 1040)

Department of the Treasury

Kevin N George

Internal Revenue Service

**Additional Credits and Payments** 

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information. OMB No. 1545-0074 Attachment Sequence No. **03** 

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Your social security number

Pai	Nonrefundable Credits		
1	Foreign tax credit. Attach Form 1116 if required	1	7.
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
5	Residential energy credits. Attach Form 5695	5	
6	Other nonrefundable credits:		
а	General business credit. Attach Form 3800 6a		
b	Credit for prior year minimum tax. Attach Form 8801 6b		
С	Adoption credit. Attach Form 8839 6c		
d	Credit for the elderly or disabled. Attach Schedule R 6d		
е	Alternative motor vehicle credit. Attach Form 8910 6e		
f	Qualified plug-in motor vehicle credit. Attach Form 8936 6f		
g	Mortgage interest credit. Attach Form 8396 6g		
h	District of Columbia first-time homebuyer credit. Attach Form 8859 6h		
i	Qualified electric vehicle credit. Attach Form 8834 6i		
j	Alternative fuel vehicle refueling property credit. Attach Form 8911 6j		
k	Credit to holders of tax credit bonds. Attach Form 8912 <b>6k</b>		
1	Amount on Form 8978, line 14. See instructions 6I		
Z	Other nonrefundable credits. List type and amount:		
	6z		
7	Total other nonrefundable credits. Add lines 6a through 6z	7	
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	8	7.

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(continued on page 2)

Schedule 3 (Form 1040) 2022 Page 2 Part II Other Payments and Refundable Credits 9 Net premium tax credit. Attach Form 8962 . . . . . . . . . . . . . . . . 9 10 Amount paid with request for extension to file (see instructions) . . . . . 10 11 Excess social security and tier 1 RRTA tax withheld . . . . . 11 12 Credit for federal tax on fuels, Attach Form 4136 . . . 12 13 Other payments or refundable credits: **a** Form 2439 13a **b** Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken before April 1, 2021 . . . . . . 13b c Reserved for future use . . . . . . . . . 13c d Credit for repayment of amounts included in income from earlier 13d e Reserved for future use . . . . . 13e f Deferred amount of net 965 tax liability (see instructions) . . . 13f 13g h Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken after March 31, 2021, and 13h **z** Other payments or refundable credits. List type and amount: 13z 14 14 Total other payments or refundable credits. Add lines 13a through 13z . . . . . 15 Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, 15

## SCHEDULE A (Form 1040)

Department of the Treasury Internal Revenue Service

### **Itemized Deductions**

Go to www.irs.gov/ScheduleA for instructions and the latest information.

Attach to Form 1040 or 1040-SR.

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

2022

Attachment
Sequence No. 07

Name(s) shown on	Form	1040 or 1040-SR		,	our/	soc	cial security number
Kevin N G	eor	ge					
Medical		Caution: Do not include expenses reimbursed or paid by others.		_			
and		Medical and dental expenses (see instructions)	1	0			
Dental	2	Enter amount from Form 1040 or 1040-SR, line 11 2 149,646.					
Expenses	3	Multiply line 2 by 7.5% (0.075)	3	11,223			
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0			. 4	4	
Taxes You	5	State and local taxes.					
Paid	k c	either income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box	5a 5b 5c 5d	19,586 10,920 418 30,924			
		Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing		337721	Ť		
		separately)	5е	10,000			
	6	Other taxes. List type and amount:	6				
	7	Add lines 5e and 6	$\overline{}$			7	10,000.
Interest You Paid Caution: Your mortgage interest deduction may be limited. See instructions.	8	Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box	8a 8b 8c 8d 8e 9	12,735			
		Add lines 8e and 9			. 1	0	12,735.
Gifts to Charity Caution: If you made a gift and got a benefit for it, see instructions.	12 13	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	11 12 13	2,012			
	14	Add lines 11 through 13			. 1	4	2,462.
Casualty and Theft Losses		Casualty and theft loss(es) from a federally declared disaster (other disaster losses). Attach Form 4684 and enter the amount from line 1 instructions	8 of	that form. See	1	5	
Other Itemized Deductions	16	Other—from list in instructions. List type and amount:			.	6	
Total Itemized	17	Add the amounts in the far right column for lines 4 through 16. Also, e Form 1040 or 1040-SR, line 12			- 1	7	25,197.
Deductions	18	If you elect to itemize deductions even though they are less than your check this box		dard deduction			

## SCHEDULE B (Form 1040)

Department of the Treasury Internal Revenue Service Name(s) shown on return

### **Interest and Ordinary Dividends**

Go to www.irs.gov/ScheduleB for instructions and the latest information.

Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074

2022

Attachment
Sequence No. 08

Your social security number

Kevin N George Amount List name of payer. If any interest is from a seller-financed mortgage and the Part I buyer used the property as a personal residence, see the instructions and list this Interest interest first. Also, show that buyer's social security number and address: (See instructions 110.23 Bank of America and the Instructions for Form 1040, line 2b.) Note: If you received a Form 1099-INT, 1 Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form. 2 2 110.23 Excludable interest on series EE and I U.S. savings bonds issued after 1989. 3 3 Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b 4 110.23 Note: If line 4 is over \$1,500, you must complete Part III. Amount List name of payer: MERRILLLYNCH, PIERCE, FENNER&SMITH 8,295.91 Part II 23.86 Zions Bancorporation N A **Ordinary Dividends** (See instructions and the Instructions for Form 1040, line 3b.) Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary 6 Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b 8,319.77 dividends shown on that form. Note: If line 6 is over \$1,500, you must complete Part III. Part III You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust. **Foreign Accounts** Yes No and Trusts 7a At any time during 2022, did you have a financial interest in or signature authority over a financial Caution: If account (such as a bank account, securities account, or brokerage account) located in a foreign required, failure to X file FinCEN Form If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial 114 may result in substantial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 penalties. and its instructions for filing requirements and exceptions to those requirements . . . . . . . Additionally, you If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the may be required to file Form 8938, financial account(s) are located: Statement of

Specified Foreign

Financial Assets. See instructions.

X

foreign trust? If "Yes," you may have to file Form 3520. See instructions .

During 2022, did you receive a distribution from, or were you the grantor of, or transferor to, a

#### SCHEDULE D (Form 1040)

### **Capital Gains and Losses**

OMB No. 1545-0074

2022

Attachment Sequence No. **12** 

Department of the Treasury Internal Revenue Service Name(s) shown on return Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/ScheduleD for instructions and the latest information.

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Sequence No. 1

Your social security number

Kevin N George Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) Part I See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) Form(s) 8949, Part I, combine the result (or other basis) whole dollars. with column (g) line 2. column (a) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . **1b** Totals for all transactions reported on Form(s) 8949 with . . . . . . . . . . . . . Box A checked Totals for all transactions reported on Form(s) 8949 with Box B checked . . . . . . . . . . . . . 3 Totals for all transactions reported on Form(s) 8949 with Box C checked . . . . . . . . . . . . . . . . . . Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . . . . . 7 Part II Long-Term Capital Gains and Losses - Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to Form(s) 8949, Part II, (sales price) (or other basis) combine the result whole dollars. line 2. column (a) with column (a) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for

	which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked	0.	400.			-400.
9	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked					
10	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824			, ,	11	
12	Net long-term gain or (loss) from partnerships, S corporate	tions, estates, and	trusts from Scheo	dule(s) K-1	12	
13	Capital gain distributions. See the instructions				13	
14	Long-term capital loss carryover. Enter the amount, if any <b>Worksheet</b> in the instructions				14	(
15	Net long-term capital gain or (loss). Combine lines 88 on the back	0	( )		15	-400.

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Schedule D (Form 1040) 2022 Page **2** 

Part	Summary		
16	Combine lines 7 and 15 and enter the result	16	-400.
	• If line 16 is a <b>gain</b> , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.		
	• If line 16 is a <b>loss</b> , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.		
	• If line 16 is <b>zero</b> , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.		
17	Are lines 15 and 16 <b>both</b> gains?   Yes. Go to line 18.		
	No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20	Are lines 18 and 19 both zero or blank and you are not filing Form 4952?  Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below.		
	■ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of:		
	• The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500)	21 (	400.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?		
	▼ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.		
	☐ <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

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Schedule D (Form 1040) 2022

Form 8949 (2022) Attachment Sequence No. **12A** Page **2** 

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Keyin N George

Social security number or taxpayer identification number

Kevin N George

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part II Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, *or* F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(C) Long-term transactions (E) Long-term transactions (F) Long-term transactions	reported on	Form(s) 1099	-B showing bas				9)
1  (a)  Description of property	(b) Date acquired	(c) Date sold or	<b>(d)</b> Proceeds	(e) Cost or other basis See the <b>Note</b> below	If you enter an enter a c	f any, to gain or loss amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).
200.00sh of PARADISE INC	04/01/19	07/08/22	0.	400.			-400.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box D)	I here and inc is checked), <b>lir</b>	lude on your ne 9 (if Box E	0.	400.			-400.

**Note:** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

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#### SCHEDULE 8812 (Form 1040)

# Credits for Qualifying Children and Other Dependents

Attach to Form 1040, 1040-SR, or 1040-NR.

2022

OMB No. 1545-0074

Attachment Sequence No. **47** 

Department of the Treasury Internal Revenue Service Name(s) shown on return

Go to www.irs.gov/Schedule8812 for instructions and the latest information.

Your social security number

(evi	n N George		
Par	t I Child Tax Credit and Credit for Other Dependents		
1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR	1	149,646.
2a	Enter income from Puerto Rico that you excluded		
b	Enter the amounts from lines 45 and 50 of your Form 2555		
c	Enter the amount from line 15 of your Form 4563		
d	Add lines 2a through 2c	2d	0.
3	Add lines 1 and 2d	3	149,646.
4	Number of qualifying children under age 17 with the required social security number  4	0	
5	Multiply line 4 by \$2,000	5	
6	Number of other dependents, including any qualifying children who are not under age		
	17 or who do not have the required social security number	1	
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident		
	alien. Also, do not include anyone you included on line 4.		
7	Multiply line 6 by \$500	7	500.
8	Add lines 5 and 7	8	500.
9	Enter the amount shown below for your filing status.		
	• Married filing jointly—\$400,000		
	• All other filing statuses—\$200,000 \( \)	9	200,000.
10	Subtract line 9 from line 3.		
	• If zero or less, enter -0		
	• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For		
	example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.	10	0.
11	Multiply line 10 by 5% (0.05)	11	0.
12	Is the amount on line 8 more than the amount on line 11?	12	500.
	No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit.		
	Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.		
	Yes. Subtract line 11 from line 8. Enter the result.		
13	Enter the amount from the Credit Limit Worksheet A	13	21,448.
14	Enter the smaller of line 12 or 13. <b>This is your child tax credit and credit for other dependents</b>	14	500.
	Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.		
	If the amount on line 12 is more than the amount on line 14, you may be able to take the additional		
	on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR the	hrough l	line 27
	(also complete Schedule 3, line 11) before completing Part II-A.		

For Paperwork Reduction Act Notice, see your tax return instructions.

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BAA

Schedule 8812 (Form 1040) 2022

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Schedule 8812 (Form 1040) 2022 Page 2 Part II-A Additional Child Tax Credit for All Filers Caution: If you file Form 2555, you cannot claim the additional child tax credit. 15 Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 Subtract line 14 from line 12. If zero, stop here; you cannot take the additional child tax credit. Skip Parts II-A 16a 16a Number of qualifying children under 17 with the required social security number: x \$1,500. Enter the result. If zero, stop here; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. 16b **TIP:** The number of children you use for this line is the same as the number of children you used for line 4. 17 Enter the **smaller** of line 16a or line 16b . . . . . . . . 17 Earned income (see instructions) . . . . 18a Nontaxable combat pay (see instructions) . . . . . . 18b 19 Is the amount on line 18a more than \$2,500? **No.** Leave line 19 blank and enter -0- on line 20. Yes. Subtract \$2,500 from the amount on line 18a. Enter the result Multiply the amount on line 19 by 15% (0.15) and enter the result . . . . . . . . . . . . 20 20 **Next.** On line 16b, is the amount \$4,500 or more? No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21. Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see 21 Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 22 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13. 22 23 23 24 1040 and **1040-SR filers:** Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11. **1040-NR filers:** Enter the amount from Schedule 3 (Form 1040), line 11. 25 Subtract line 24 from line 23. If zero or less, enter -0- . . . . . . 25 Enter the **larger** of line 20 or line 25 . . . . . . . . . . . . . 26 Next, enter the smaller of line 17 or line 26 on line 27. Part II-C Additional Child Tax Credit This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28.

REV 07/10/23 TTW

BAA

Schedule 8812 (Form 1040) 2022

Form **8995** 

# Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

**Note.** You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction

passed through from an agricultural or horticultural cooperative. See instructions.

Go to www.irs.gov/Form8995 for instructions and the latest information.

OMB No. 1545-2294

2022

Attachment Sequence No. **55** 

Internal Revenue Service

Name(s) shown on return

Department of the Treasury

Kevin N George

Your taxpayer identification number

	ointly), and you aren't a patron of an agricultural or horticultural cooperative.	is at or below \$170,0	OU (\$3.	40, 100 II Mamed
1	(a) Trade, business, or aggregation name		Qualified business ncome or (loss)	
i				
ii				
iii				
iv				
v				
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2		
3	Qualified business net (loss) carryforward from the prior year	3 ( )		
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4		
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5	
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6 4.		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7 (		
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero	,		
	or less, enter -0	8 4.		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9	1.
10	Qualified business income deduction before the income limitation. Add lines 5 and	1	10	1.
11	Taxable income before qualified business income deduction (see instructions)	11 124,449.		
12	Net capital gain (see instructions)	12     8,313.       13     116,136.		
13 14	Subtract line 12 from line 11. If zero or less, enter -0	.,	14	22 227
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also		1-7	23,227.
15	the applicable line of your return (see instructions)		15	1.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than		16 (	0.
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 a			
	zero, enter -0-		17 (	0

#### Schedule 1 Line 1

### **State and Local Income Tax Refund Worksheet**

State and local taxes paid in 2021 or prior years and refunded in 2022

2022

Name(s) Shown on Return

Social Security Number

Cevin N G						Curity Number
art I Sta	ate and Local I	ncome Tax Re	efunds from 2	021 Tax Return	ıs	
State or Local Code	<b>(b)</b> Refund Amount	(c) Estimated Tax Paid After 12/31/2021	(d) Extension Payments	(e) Total Payments and Withholding	(f) Refund Allocated to Column (c)	(g) Refund Allocated to Column (d)
CA	9,876.			17,864.		
Totals .	9,876.			17,864.		
Refund	allocated to tax p	oaid after 12/31/2	2021. Total line 1		(g).	
rt II Re	covery Amour	π				
a Allowate b Allowate	ery exclusion from the state of	om sales tax dec ctions, from 202 ctions, refigured	duction, SALT I 1 Schedule A, lir by excluding red	-	andard deduction	
	figured state and Refigured state			, line 5a): 	7,988.	
(b)	Sales tax dedu	ction	(a) ar (b)		7 000	
	figured total item				7,988.	
(3) Re	figured allowable	itemized deduct	tions from line 7b	o(2)		30,362. 18,800.
<b>d</b> Larger	of lines 7b(3) or 7	'c				30,362.
				2021 taxable inco		9,876.
was ne	gative, enter her	e as a positive n	umber, else ente	er zero	<u> </u>	0.
				f no alternative mi ter amt from line :		0.
Recove	ery exclusion fro	om unused tax of	credits. If no ur	nused credits in 2	021,	
enter ze <b>Total re</b>	ero. If there were ecovery exclusion	unused credits on. Add lines 7f,	in 2021, enter ar 8, 9, and 10	mount from line 35	o	0. 9,876.
	xable Refund	·				
ne <b>recover</b> v	amount less the	e recoverv excli	usion is a taxab	le refund.		
2 Taxabl	e refund from 20	<b>21.</b> Line 6 less	line 11			0.
3 Total ta 4 Total ta	xable refunds fro axable refunds. /	m <b>2020</b> or prior t Add lines 12 and	tax returns. Tota 13. Enter here	l line 36 column (o and on Schedule	d) 1, line 1	0.
			3. =		, · · · · .	ű.

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#### ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

Taxpayer:	Kevin N Georg	je		
Primary SSN:				
. ,		<del></del>		
Federal Return	Submitted:	March 22, 2023	11:17 AM PST	
	Acceptance Date:	03/22/2023		
		' <u> </u>		

The Intuit Electronic Postmark shows the date and time Intuit received your federal tax return. The Intuit Electronic Postmark documents the filing date of your income tax return, and the electronic postmark information should be kept on file with your tax return and other tax-related documentation.

There are two important aspects of the Intuit Electronic Postmark:

#### 1. THE INTUIT ELECTRONIC POSTMARK.

The electronic postmark shows the date and time Intuit received the federal return, and is deemed the filing date if the date of the electronic postmark is on or before the date prescribed for filing of the federal individual income tax return.

#### **TIMELY FILING:**

For your federal return to be considered filed on time, your return must be postmarked on or before midnight <code>April 18</code>, <code>2023</code>. Intuit's electronic postmark is issued in the Pacific Time (PT) zone. If you are not filing in the PT zone, you will need to add or subtract hours from the Intuit Electronic Postmark time to determine your local postmark time. For example, if you are filing in the Eastern Time (ET) zone, and you electronically file your return at 9 AM on <code>April 18</code>, <code>2023</code>, your Intuit electronic postmark will indicate <code>April 18</code>, <code>2023</code>, 6 AM. If your federal tax return is rejected, the IRS still considers it filed on time if the electronic postmark is on or before <code>April 18</code>, <code>2023</code>, and a corrected return is submitted and accepted before <code>April 23</code>, <code>2023</code>. If your return is submitted after <code>April 23</code>, <code>2023</code>, a new time stamp is issued to reflect that your return was submitted after the IRS deadline, and consequently, is no longer considered to have been filed on time.

If you request an automatic six-month extension, your return must be electronically postmarked by midnight October 16, 2023. If your federal tax return is rejected, the IRS will still consider it filed on time if the electronic postmark is on or before October 16, 2023, and the corrected return is submitted and accepted by October 21, 2023

#### 2. THE ACCEPTANCE DATE.

Once the IRS accepts the electronically filed return, the acceptance date will be provided by the Intuit Electronic Filing Center. This date is proof that the IRS accepted the electronically filed return.

# Electronic Filing Instructions for your 2022 California Tax Return Important: Your taxes are not finished until all required steps are completed.



Kevin N George 1655 Grove Street San Francisco, CA 94117

Balance Due/ Refund	Your California state tax return (Form 540) shows a refund due to you in the amount of \$14,647.00. Your tax refund will be direct deposited into your account. The account information you entered -  Routing Transit Number: 121000358.							
Where's My Refund?	Before you call the Franchise Tax Board with questions about your refund, give them 21 days processing time from the date your return is accepted. If then you have not received your refund, or the amount is not what you expected, contact the Franchise Tax Board directly at 1-800-338-0505. From outside of California use 1-916-845-6500. You can also visit the Franchise Tax Board web site at http://www.ftb.ca.gov/online/refund/.							
What You Need to Sign	Sign and date Form 8453-OL within 1 day of acceptance.							
Do Not Mail	Do not mail a paper copy of your tax return electronically, the Franchise Tax Board already	<del>-</del>						
What You Need to Keep	Your Electronic Filing Instructions (this for   - Form 8453-OL and attachment(s)   A copy of your state and federal returns	orm)						
2022 California Tax Return Summary	Taxable Income \$ Total Tax \$ Total Payments/Credits \$ Amount to be Refunded \$ Effective Tax Rate	114,054.00 4,939.00 19,586.00 14,647.00 3.30%						

175 Date Accepted 03/22/2023

### DO NOT MAIL THIS FORM TO THE FTB

2022		fornia Online e-f ndividuals	file Ret	urn A	Auth	orizatio	n	8453- <b>0L</b>
Your first name	and initial		Last name				Suffix	Your SSN or ITIN
KEVIN N  If filing jointly, s	spouse's/RDP's firs		Last name				Suffix	Spouse's/RDP's SSN or ITIN
	(number and stree OVE STREET	,		Apt. no./s	ite. no.	PMB/private	mailbox	Daytime telephone number (415)235-8678
City	OVE SIKEEI						State	ZIP code
SAN FRAI							CA	94117
oreign countr	ry name			Foreign	province/	state/county		Foreign postal code
Part I	Tax Return Info	ormation (whole dollars only	y)					
2 Refund 3 Amount	or no amount t you owe. See							•
Part II	Settle Your Ad	count Electronically for Ta	xable Year 2	<b>2022</b> (Pa	ay by 4	/18/2023)		
<b>5</b> □ Elect		ithdrawal <b>5a</b> Amount					,	yyyy)
Part III	Make Estimate	<del>-</del>						for the current amount you ow
		First Payment 4/18/2023		d Payme 5/2023	nt	Third Pa 9/15/2		Fourth Payment 1/16/2024
6 Amount	t							
<b>7</b> Withdra	wal date							
Part IV	Banking Info	rmation (Have you verified	your banking	g inform	ation?	)		
		e directly deposited	1464			maining amou ect deposit		refund
Ū	number <u>121</u>				Routir	ıg number		
	t number					nt number		
	account: ⊠ C			15	Туре	of account: $\square$	Checking	☐ Savings
	Declaration of	. , , ,						
Part IV agre listed on lir joint return authorize a	ees with the authee 5a and any 6 , this is an irrev n electronic fu	thorization stated on my retuestimated payment amounts vocable appointment of the onds withdrawal.	urn. If I check s listed on lir other spouse	k Part II, ne 6 fror e/registe	box 5, n the b ered do	I authorize an o ank account lis mestic partner	electronic sted on lir (RDP) as	rect deposit refund information funds withdrawal for the amou nes 9, 10, and 11. If I have filed an agent to receive the refund of , either directly or through e-fi
software, in amounts sh tax return. that if the F penalties. I software. <b>If</b>	ncluding my n nown in Part I a To the best of n TB does not re authorize my <b>i the processin</b>	ame, address, and social sobove, agrees with the informing knowledge and belief, my secive full and timely payme return and accompanying s	ecurity num nation and a return is tru nt of my tax chedules an <b>delayed, I a</b>	ber (SS mounts le, corre liability, d staten uthorize	N) or i shown ct, and I rema nents t the F1	ndividual taxpa on the corresp complete. If I a in liable for the o be transmitte	ayer ident conding lir um filing a e tax liabil ed to the l	, ether directly of through e-nification number (ITIN), and the nes of my 2022 California incombalance due return, I understarity and all applicable interest ar FTB directly or through the e-ficher directly or through the e-ficher
Sign Here	Your signa	ture					Date	
		RDP's signature. If filing joint ful to forge a spouse's/RDP					Date	

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TAXABLE YEAR\_\_\_\_\_

## **2022 California Resident Income Tax Return**

540

FORM

APE

ATTACH FEDERAL RETURN

GEOR
KEVIN N GEORGE

22

1655 GROVE STREET
SAN FRANCISCO CA 94117

02-16-1962

		Enter your county at time of filing (see instructions)							
Se	•	SAN FRANCISCO							
Jen		If your address above is the same as your principal/physical residence address at the time of filing, check this box • 🗶							
Sic		If not, enter below your principal/physical residence address at the time of filing.							
Ä		Street address (number and street) (If foreign address, see instructions.)  Apt. no/ste. no.							
Principal Residence	•	lacksquare							
rin		City State ZIP code							
_	•	State ZIF code							
Filing Status	1 2	If your California filing status is different from your federal filing status, check the box here							
	6	If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See instr							
	Fo	r line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line.							
S	7	Personal: If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked Whole dollars only							
Exemptions	•	box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions.   7 1 X \$140 = • \$ 140							
npt	8	Blind: If you (or your spouse/RDP) are visually impaired, enter 1;							
xer		if both are visually impaired, enter 2							
Ш	9	Senior: If you (or your spouse/RDP) are 65 or older, enter 1;							
		if both are 65 or older, enter 2. See instructions							
		REV 04/21/23 TTW							

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Υοι	ır nar	me: GI	ORG	E			Your SS	N or IT	IN:									
	10 I	Dependen	ts: Do	not inclu Depend	-	lf or you	r spouse/		Denen	dent 2					Dependent 3			
		First Nar	ne 💿	· ·	KSON	N		•	Бороп	dont 2				•	Беренцен о			
ns		Last Nan	ne 💿	LAY	MON			•						•				
Exemptions		SSN. See				<b>T</b>		•						•				
Exel		Depende relations to you		SON										•				
	Tota	Total dependent exemptions																
	11	572																
	12	State wa	ges fro W-2, b	m your foox 16	ederal			12			14	1616	. 00					_
	13												. 00	0				
	14	Californi	California adjustments – subtractions. Enter the amount from Schedule CA (540),															
ø	15	Part I, line 27, column B.  Subtract line 14 from line 13. If less than zero, enter the result in parentheses.  See instructions.  14  14  14  16  100  16  17  18  19  100  100  100  100  100  100																
ncom	16	California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 27, column C																
Taxable Income	17						line 15 ar									149646		_ 
Tax	18	Enter the	(				ctions fro							)				2
		Your California standard deduction shown below for your filing status:  • Single or Married/RDP filing separately\$5,202																
		Married/RDP filing jointly, Head of household, or Qualifying surviving spouse/RDP. \$10,404											. 00	_				
	19	If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions  18  Subtract line 18 from line 17. This is your taxable income.  If less than zero, enter -0										114054	] . [	_ 				
_												114034	_ 00	J				
	31	Tax. Che	ck the t	ox if fro	m:	Tax Ta	able	×	Tax	Rate Sc	hedule							
	•				•	FTB 3			-				🌒 31			5512	. 00	0
Tax	32						line 11. If						• 32	2		573	. 00	0
Ę	33	Subtract	line 32	from lin	e 31. If les	ss than z	ero, enter	-0					• 33	8		4939	. 00	0
	34	Tax. See	instruc	tions. Ch	eck the bo	ox if fron	n: •	Sched	ule G-	1	FTE	3 5870A.	. • 34	.			. 00	0
	35	Add line	33 and	line 34 .									• 35	j		4939	. 00	0
s	4.5	No. 1	4.11	DL:II	D- :	-1.0 -		III										_
Credi	40				Depende	nt Care E	xpenses (			STRUCTION	]						0(	7
Special Credits	43	Enter cre							de		]		. • 43				00	_ 
Sp	44	Enter cre	dit nan	ne L				co	de		and a	amount	. • 44	ļ	REV 04/21/23 TTW		. 00	0
	_											_	_					

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You	r nar	ne:	GEORGE	Your SSN or ITIN:			ı			
40	45	To cl	laim more than two credits. See insti	ructions. Attach Schedule	e P (540)	• 45			<b>.</b> 00	
Special Credits	46	Noni	refundable Renter's Credit. See instri	uctions		• 46			. 00	
cial C	47	bbA	line 40 through line 46. These are yo	our total credits		<ul><li>47</li></ul>			<b>.</b> 00	
Spe	48		tract line 47 from line 35. If less than				4939	. 00		
						- 10				
S	61	Alter	rnative Minimum Tax. Attach Schedu	- 61						
Other Taxes	62	Men	tal Health Services Tax. See instructi	ons		<ul><li>62</li></ul>			<b>.</b> 00	
Othe	63	Othe	er taxes and credit recapture. See ins	tructions		<ul><li>63</li></ul>			. 00	
	64	Add	line 48, line 61, line 62, and line 63.	This is your total tax		• 64		4939	<b>.</b> 00	
	71	Calif	ornia income tax withheld. See instr	uctions		<b>7</b> 1		19586	. 00	
			2 California estimated tax and other p						. 00	
	72								. 00	
ıts	73		nholding (Form 592-B and/or Form 5	•						
Payments	74		ess SDI (or VPDI) withheld. See instr						<b>.</b> 00	
Ъа	75	Earn	ed Income Tax Credit (EITC). See ins	structions		• 75			<b>.</b> 00	
	76	Your	ng Child Tax Credit (YCTC). See instr	uctions		• 76			<b>.</b> 00	
	77		er Youth Tax Credit (FYTC). See instr			• 77			<b>.</b> 00	
	78		line 71 through line 77. These are your instructions			<ul><li>78</li></ul>		19586	<b>.</b> 00	
Lax	91	Use	Tax. Do not leave blank. See instruc	tions	• 91		0 .00			
Use Tax		If lin	e 91 is zero, check if:    No	use tax is owed.	You paid your use to	ax obligat	tion directly to CDTFA.			
ISR Penalty	92	See	ou and your household had full-year linstructions. Medicare Part A or C could do not check the box, see instruct	overage is qualifying heal		• ×	ζ			
Pe		Indiv	vidual Shared Responsibility (ISR) Pe	enalty. See instructions .	• 92		_ 00			
	93	Dove	ments balance. If line 78 is more thar	a lina 01 - auhtraat lina 01	from line 70	(a) (b)		19586	. 00	
Due										
Overpaid Tax/Tax Due	94 95	Payr	<b>Tax balance.</b> If line 91 is more than ments after Individual Shared Resportant line 92 from line 93			19586	<b>.</b> 00			
aid Ta	96	Indiv	vidual Shared Responsibility Penalty	<ul><li>95</li></ul>						
verp		subt	ract line 93 from line 92			<ul><li>96</li></ul>			<b>.</b> 00	
O	97		rpaid tax. If line 95 is more than line 04/21/23 TTW	64, subtract line 64 from	line 95	<ul><li>97</li></ul>		14647	<b>.</b> 00	

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Your	nan	me: GEORGE Your SSN or ITIN:		ı		
		Amount of line 97 you want applied to your 2023 estimated tax	<ul><li>98</li></ul>		(	00
Sald K Due	98			14647	Г	$\exists$
SE SE	99	Overpaid tax available this year. Subtract line 98 from line 97			Г	00
F	100	Tax due. If line 95 is less than line 64, subtract line 95 from line 64			. 0	)0
		California Canina Canaini Fund Caninahuntina		<u>Amount</u>	. 0	20
		California Seniors Special Fund. See instructions			Г	
		Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	● 401		. 0	
		Rare and Endangered Species Preservation Voluntary Tax Contribution Program	<b>403</b>		. 0	)0
		California Breast Cancer Research Voluntary Tax Contribution Fund	• 405		. 0	)0
		California Firefighters' Memorial Voluntary Tax Contribution Fund	• 406		. 0	)0
		Emergency Food for Families Voluntary Tax Contribution Fund	• 407		. 0	)0
		California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund	• 408		. 0	)0
		California Sea Otter Voluntary Tax Contribution Fund	• 410		. 0	)0
		California Cancer Research Voluntary Tax Contribution Fund	• 413		. 0	)0
tions		School Supplies for Homeless Children Voluntary Tax Contribution Fund	• 422		. 0	)0
Contributions		State Parks Protection Fund/Parks Pass Purchase	• 423		. 0	)0
ပိ		Protect Our Coast and Oceans Voluntary Tax Contribution Fund	• 424		. 0	)0
		Keep Arts in Schools Voluntary Tax Contribution Fund	• 425		. 0	)0
		Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund	• 431		. 0	)0
		California Senior Citizen Advocacy Voluntary Tax Contribution Fund	• 438		. 0	)0
		Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	• 439		. 0	)0
		Rape Kit Backlog Voluntary Tax Contribution Fund	• 440		. 0	)0
		Suicide Prevention Voluntary Tax Contribution Fund	• 444		. 0	)0
		Mental Health Crisis Prevention Voluntary Tax Contribution Fund	• 445		. 0	)0
		California Community and Neighborhood Tree Voluntary Tax Contribution Fund	• 446		. 0	)0
	110	Add amounts in code 400 through code 446. This is your total contribution	• 110		. 0	)0
we	111	AMOUNT YOU OWE. If you do not have an amount on line 99, add line 94, line 96, line 100, and li	ne 110.	See instructions. <b>Do not send cash</b> .		
Amount You Owe 111		Mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001	• 111		. 0	00
		Pay Online – Go to ftb.ca.gov/pay for more information.		REV 04/21/23 TTW		

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Your name:			GEORGE Your SSN or ITIN:		
Interest and Penalties	113	Unde	est, late return penalties, and late payment penalties		• 00 • 00
	115	REFU	IND OR NO AMOUNT DUE. Subtract the sum of line 110, line 112, and line 113 from line 99. See instruc	tions.	
			to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001 ● 115		14647 .00
Refund and Direct Deposit		See ii All or	the information to authorize direct deposit of your refund into one or two accounts. <b>Do not</b> attach a voice instructions. <b>Have you verified the routing and account numbers?</b> Use whole dollars only. The following amount of my refund (line 115) is authorized for direct deposit into the account shown be a Type	elow:	
d and Di			outing number X Checking Account number • 116	Direct	deposit amount
Refu			emaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:  Type Outling number Checking Savings  Account number		deposit amount
Voter Info.	) DTA		oter registration information, check the box and go to sos.ca.gov/elections. See instructions		
Our p to loc Unde is tru	rivacy ate FT r pena	notice B 1131 alties o rect, ar	can be found in annual tax booklets or online. Go to <b>ftb.ca.gov/privacy</b> to learn about our privacy policy statement, or go to EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form f perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the complete.  Date Spouse's/RDP's signature (if a	code <b>948</b> e best of	when instructed. my knowledge and belief, it
			Your email address. Enter only one email address.	Pre	eferred phone number
Si	nn			415	52358678
	re		Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge of the preparer has any knowledge of the preparer of the preparer has any knowledge of the preparer has a preparer	edge)	
		rful	Firm's name (or yours, if self-employed)  SELF PREPARED		• PTIN
signa	ature.		Firm's address		● Firm's FEIN
Joint					
See	uctior	is.	Do you want to allow another person to discuss this tax return with us? See instructions	Yes	× No
			Print Third Party Designee's Name	Telepho	one Number
				REV 04/	21/23 TTW

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3105224 George 0025 Form 540 2022 **Side 5** 

Case 3:25-cv-02472-SI Document 1-1 File

TAXABLE YEAR SCHEDULE

## 2022 California Adjustments — Residents

**CA (540)** 

_										
	portant: Attach this schedule behind Form 540,	Sid	le 5 as a supporting Cal	lifor						
Name(s) as shown on tax return  SSN or ITIN										
K	KEVIN N GEORGE									
Pa Se	art I Income Adjustment Schedule ction A – Income from federal Form 1040 or 1040-SR	A	Federal Amounts (taxable amounts from your federal tax return)		B Subtractions See instructions	C Additions See instructions				
1	a Total amount from federal Form(s) W-2, box 1. See instructions 1a	•	0	•		•				
	b Household employee wages not reported on federal Form(s) W-2	•		•		•				
	c Tip income not reported on line 1a 1c	•		•		•				
	<ul><li>d Medicaid waiver payments not reported on federal Form(s) W-2. See instructions 1d</li></ul>	•		•		•				
	e Taxable dependent care benefits from federal Form 2441, line 26 1e	•		•		•				
	f Employer-provided adoption benefits from federal Form 8839, line 29	•		•		•				
	g Wages from federal Form 8919, line 6 1g	•		•		•				
	$\boldsymbol{h}$ Other earned income. See instructions $\boldsymbol{1}\boldsymbol{h}$	•	0	•		•				
	i Nontaxable combat pay election. See instructions					•				
	z Add line 1a through line 1i1z	•	0	•		•				
	Taxable interest. a   2b	•	110	•		•				
	Ordinary dividends. See instructions. a   8313 3b	•	8320	•		•				
4	IRA distributions. See instructions. a   4b	•		•		•				
5	Pensions and annuities. See instructions. a • 5b	•		•		•				
6	Social security benefits. a • 6b	•		•	Đ l					
_	Capital gain or (loss). See instructions 7		-400	•		•				
	ction B – Additional Income from federal Schedule 1	(For	m 1040)							
1	Taxable refunds, credits, or offsets of state and local income taxes	•	0	•	0					
2	a Alimony received. See instructions 2a	•				•				
3	Business income or (loss). See instructions 3	•		•		•				
		•		•		•				
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc5	•		•		•				
6	Farm income or (loss)	•		•		•				
7	Unemployment compensation	•		•						

REV 04/21/23 TTW

7731224 George 0026

Section B – Additional Income Continued	A	Federal Amounts (taxable amounts from your federal tax return)		B Subtractions See instructions	C Additions See instructions
3 Other income: a Federal net operating loss8a	•	( )			•
b Gambling8b	•		•		
c Cancellation of debt 8c	•		•		•
d Foreign earned income exclusion from federal Form 2555	•	( )			•
e Income from federal Form 8853 8e	•				•
f Income from federal Form 88898f	•		•		
g Alaska Permanent Fund dividends8g	•				
h Jury duty pay8h	•				
i Prizes and awards	•				
j Activity not engaged in for profit income 8j	•				
k Stock options	•				•
I Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property 81	•				
m Olympic and Paralympic medals and USOC prize money8m	•				
n IRC Section 951(a) inclusion8n	•		•		
o IRC Section 951A(a) inclusion80	•		•		
p IRC Section 461(I) excess business loss adjustment 8p	•		•		•
q Taxable distributions from an ABLE account 8q	•				
r Scholarship and fellowship grants not reported on federal Form(s) W-28r					
s Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d8s	•	( )			
t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan 8t	•	141616			
u Wages earned while incarcerated8u	•				
z Other income. List type and amount.					
	•		•		•

Se	ction B – Additional Income Continued	A	Federal Amounts (taxable amounts from your federal tax return)		B Subtractions See instructions	C Additions See instructions
9	a Total other income. Add lines 8a through 8z. 9a	•	141616	•		•
	b1 Disaster loss deduction from form FTB 3805V 9b1			•		
	b2 NOL deduction from form FTB 3805V 9b2			•		
	<b>b3</b> NOL from form FTB 3805Z, 3807, or 3809 <b>9b3</b>			•		
10	Total. Combine Section A, line 1z through line 7, and Section B, line 1 through line 7, and line 9a in column A and column C. Add Section A, line 1z through line 7, and Section B, line 1 through line 7, line 9a, and line 9b1 through line 9b3 in column B (as applicable). See instructions	•	149646	•	0	•
	ection C – Adjustments to Income m federal Schedule 1 (Form 1040)					
11	Educator expenses	•		•		
12	Certain business expenses of reservists, performing artists, and fee-basis government officials	•		•		•
13	Health savings account deduction	•		•		
14	Moving expenses. Attach form FTB 3913. See instructions	•				•
15	Deductible part of self-employment tax. See instructions	•		•		
16	Self-employed SEP, SIMPLE, and qualified plans16	•				
17	Self-employed health insurance deduction. See instructions	•		•		
18	Penalty on early withdrawal of savings 18	•				
19	a Alimony paid	•				•
	b Recipient's: SSN ◉					
	Last Name					
20	IRA deduction	•		•		•
21	Student loan interest deduction21	•				•
22	Reserved for future use					
23	Archer MSA deduction	<ul><li>•</li></ul>				

Sec	tion C – Adjustments to Income	Λ	Federal Amounts		Subtractions	♠ Additions
	Continued	A	(taxable amounts from your federal tax return)		See instructions	See instructions
24	Other adjustments: a Jury duty pay	•				
	b Deductible expenses related to income reported on line 8I from the rental of personal property engaged in for profit	•		•		•
	c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	•		•		
	d Reforestation amortization and expenses24d	•		•		
	e Repayment of supplemental unemployment benefits under the federal Trade Act of 1974 <b>24e</b>	•				
	f Contributions to IRC Section 501(c)(18)(D) pension plans	•		•		•
	g Contributions by certain chaplains to IRC Section 403(b) plans	•		•		•
	h Attorney fees and court costs for actions involving certain unlawful discrimination claims 24h	•				
	i Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations 24i	•		•		
	j Housing deduction from federal Form 2555 <b>24</b> j	•		•		
	k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041)24k	•				
	z Other adjustments. List type and amount.					
	●24z	•		•		•
	Total other adjustments. Add line 24a through line 24z	•		•		•
	Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions	•		•		•
27	Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions	•	149646	•	0	•

Pa	rt II Adjustments to Federal Itemized Deductions							
Che	eck the box if you did NOT itemize for federal but will iter	nize	for C	alifornia	Ш			
			A	Federal Amounts (from federal Schedule A (Form 1040))		B Subtractions See instructions	C	Additions See instructions
Me	dical and Dental Expenses See instructions.							
1	Medical and dental expenses ●0	1						
2	Enter amount from federal Form 1040 or 1040-SR, line 11   149646	2						
3	Multiply line 2 by 7.5% (0.075) ● 11223							
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0	.4	•				•	0
	tes You Paid  a State and local income tax or general sales taxes.	.5a	•	19586	•	19586		
	b State and local real estate taxes	.5b	•	10920				
	c State and local personal property taxes	.5c	•	418				
	d Add line 5a through line 5c	.5d	•	30924				
	e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e,							
	column A in line 5e, column C	.5е	•	10000	•	19586	•	20924
6	Other taxes. List type 🗨	6	•		•		•	
_	Add line 5e and line 6	.7	•	10000	•	19586	•	20924
	erest You Paid  a Home mortgage interest and points reported to you on federal Form 1098	.8a	•	12735			•	
	b Home mortgage interest not reported to you on federal Form 1098	.8b	•				•	
	c Points not reported to you on federal Form 1098.	.8c	•				•	
	d Reserved for future use	.8d						
	e Add line 8a through line 8c	.8e	•	12735	•		•	
9	Investment interest.	.9	•		•		•	
10	Add line 8e and line 9	10	•	12735	•		•	

Pa	rt II Adjustments to Federal Itemized Deductions Continued	A	Federal Amounts (from federal Schedule A		B Subtractions See instructions		C Additions See instructions		
0:4	a to Observe		(Form 1040))						
	s to Charity Gifts by cash or check11	•	2012	•		•			
12	Other than by cash or check	•	450	•		•			
13	Carryover from prior year	•		•		•			
14	Add line 11 through line 1314	•	2462	•		•			
	ualty and Theft Losses Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions15	•		•		•			
0th	er Itemized Deductions								
16	Other—from list in federal instructions <b>16</b>	•		•		•			
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C	•	25197	•	19586	•	20924		
18	<b>Total.</b> Combine line 17 column A less column B plus co	lumn	C			18	26535		
Job	Expenses and Certain Miscellaneous Deductions								
19	Unreimbursed employee expenses: job travel, union due Attach federal Form 2106 if required. See instructions .	s, jol							
20	Tax preparation fees		•	20					
21	Other expenses: investment, safe deposit box, etc. List type	VES	TMENT, MISC	21	12050				
22	Add line 19 through line 21		•	22	12050				
23	Enter amount from federal Form 1040 or 1040-SR, line 11		149646						
24	Multiply line 23 by 2% (0.02). If less than zero, enter 0 .			24	2993				
25	Subtract line 24 from line 22. If line 24 is more than line	22, 6	enter O			25	9057		
26	<b>Total Itemized Deductions.</b> Add line 18 and line 25					26	35592		
27	Other adjustments. See instructions. Specify.					27			
28	Combine line 26 and line 27					28	35592		
29	29 Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?  Single or married/RDP filing separately \$229,908  Head of household \$344,867  Married/RDP filing jointly or qualifying surviving spouse/RDP \$459,821  No. Transfer the amount on line 28 to line 29.								
	Yes. Complete the Itemized Deductions Worksheet in th	e inst	tructions for Schedule CA	(540),	line 29	29	35592		
30	Enter the larger of the amount on line 29 or your stand Single or married/RDP filing separately. See instru Married/RDP filing jointly, head of household, or qu	ction alifyi	sng surviving spouse/RDP	\$10,	404				
	Transfer the amount on line 30 to Form 540, line 18 $_{\cdot}$ .					30	35592		
					REV 04/21/23 TTW				

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Do not complete this schedule if all of your California gains (losses) are the same as your federal gains (losses).

TAXABLE YEAR

2022

## **California Capital Gain or Loss Adjustment**

**SCHEDULE** 

D (540)

	ne(s) as shown on return			SSN or IT	IN
KE	VIN N GEORGE	4.			
1	(a)  Description of property  Example: 100 shares of "Z" Co.	(b) Sales price	(c) Cost or other basis	(d) Loss If (c) is more than (b), subtract (b) from (c)	(e) Gain If (b) is more than (c), subtract (c) from (b)
a	● 200.00SH OF PARADISE INC	• 0	• 400	• 400	•
b	•	•	•	•	•
C	•	•	•	•	•
d	•	•	•	•	•
е	•	•	•	•	•
f	•	•	•	•	•
g	•	•	•	•	•
h	•	•	•	•	•
i	•	•	•	•	•
j	•	•	•	•	•
k	•	•	•	•	•
ī	•	•	•	•	•
m	•	•	•	•	•
n	•	•	•	•	•
0	•	•	•	•	•
p	•	•	•	•	•
q	•	•	•	•	•
r	•	•	•	•	•
s	•	•	•	•	•
t	•	•	•	•	•
u	•	•	•	•	•
V	•	•	•	•	•
2	Net gain or (loss) shown on California Schedule(s)	K-1 (100S, 541, 565, a	nd 568) 2	•	•
3	Capital gain distributions (federal Form 1099-DIV,	box 2a)		• 3	
4	Total 2022 gains from all sources. Add column (e)	amounts of line 1, line 2	2, and line 3	• 4	
5	2022 loss. Add column (d) amounts of line 1 and li	ine 2	• 5	( 400)	
6	California capital loss carryover from 2021, if any.	See instructions	• 6	()_	
7	Total 2022 loss. Add line 5 and line 6		• 7	( 400)	

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8	Net gain or (loss). Combine line 4 and line 7. If a loss, go to line 9. If a gain, go to line 10								
9	If line 8 is a loss, enter the smaller of:	a the loss on line 8.							
		<b>b</b> \$3,000 (\$1,500 if married/RDP filing separate). See instructions • <b>9</b>	( -400)						
10	Enter the gain or (loss) from federal Form	-400							
11	Enter the California gain from line 8 or (I	-400							
12	2 a If line 10 is more than line 11, enter the difference here and on Schedule CA (540), Part I,  Section A, line 7, column B								
		e difference here and on Schedule CA (540), Part I,	0						
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TAXABLE YEAR

CALIFORNIA FORM

# **2022 Head of Household Filing Status Schedule**

Att	tach to your California Form 540, Form 540NR, or Form 540 2EZ.	
Nai	me(s) as shown on tax return	SSN or ITIN
K	EVIN N GEORGE	
Pá	art I Marital Status	
	Check one box below to identify your marital status. See instructions.	● 1a ×
	a Not legally married/RDP during 2022	
	<b>b</b> Surviving spouse/RDP (my spouse/RDP died before 01/01/2022)	
	c Marriage/RDP was annulled.	
	<b>d</b> Received final decree of divorce, legal separation, dissolution, or termination of marriage/RDP by 12/31/2022	
	e Legally married/RDP and did not live with spouse/RDP during 2022	
	f Legally married/RDP and lived with spouse/RDP during 2022. List the beginning and ending dates for each period lived together	
	(mm/dd/yyyy) (mm/dd/yyyy) (mm/dd/yyyy)	
	From:   To:   From:   From:	To: •
Pa	art II Qualifying Person	
2	Check one box below to identify the relationship of the person that qualifies you for the head of household filing status	
	a Son, daughter, stepson, or stepdaughter	• 2a ×
	<b>b</b> Grandchild, brother, sister, half brother, half sister, stepbrother, stepsister, nephew, or niece	• 2b
	c Eligible foster child.	• 2c
	<b>d</b> Father, mother, stepfather, or stepmother	• 2d
	e Grandfather, grandmother, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, sister-in-law, uncle, or aunt	• 2e
Pa	art III Qualifying Person Information	
3	Information about your qualifying person. See instructions.	
	First Name	JACKSON N
	Last Name	LAYMON
	SSN	
	DOB (mm/dd/yyyy) If your qualifying person is age 19 or older in 2022, go to line 3a. If not, go to line 4	12/18/2001
	a Was your qualifying person a full time student under age 24 in 2022?	3a × Yes No
	<b>b</b> Was your qualifying person permanently and totally disabled in 2022?	3b Yes × No
4	Enter qualifying person's gross income in 2022. See instructions	10555
5	Number of days your qualifying person lived with you during 2022. See instructions	365
	When calculating the total number of days your qualifying person lived with you, you may include any days your qualiabsent from your home. For example, illness, education, business, vacations, military service, and incarceration. In the your qualifying person during the year, enter 365 days. See instructions.	

E1040 Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return

|--|

							110 000 0	ny Donot	write or otapie in th	ю орасс.
Filing Status Check only		Single Married filing jointly	_	ed filing separately (M	•		household (HOH)	sp	alifying survivir	
one box.		u checked the MFS box, enter the na on is a child but not your dependent		your spouse. If you cr	necke	ea the HOH or	QSS box, enter	tne cniia	's name if the c	qualitying
Your first name	and mi	ddle initial	Last nar	ıme				Yours	social security n	umber
Kevin N			Geor	rge						
If joint return, spouse's first name and middle initial Last name S								Spous	e's social securi	ty number
Home address	•	r and street). If you have a P.O. box, see	instruction	ons.			Apt. no.	- 1	lential Election (	
		ce. If you have a foreign address, also co	mplete si	spaces below.	Stat	е	ZIP code		e if filing jointly,	
San Fran				•	CA		94117		to this fund. Che elow will not cha	
Foreign country			F	Foreign province/state/o			Foreign postal cod		ax or refund.	arige
,				3 1		´	3 1		You	Spouse
Digital Assets		ny time during 2022, did you: (a) rece ange, gift, or otherwise dispose of a	•							No No
Standard		eone can claim: You as a de					,. (		,	
Deduction		Spouse itemizes on a separate return								
		Were born before January 2, 1		7	use:	☐ Was bor	n before Januar	/ 2, 1958	☐ Is blind	
Dependents	s (see	instructions):		(2) Social security		(3) Relationshi	ip (4) Check the	box if qua	alifies for (see inst	tructions):
If more		rst name Last name		number		to you	Child tax	credit	Credit for other of	dependents
than four	Jac	kson N Laymon				Son			×	
dependents, see instructions	,	-								
and check										
here										
Income	1a	Total amount from Form(s) W-2, bo	ox 1 (see	e instructions)				. 1	а	0.
moome	b	Household employee wages not re	eported	on Form(s) W-2				. 1	b	
Attach Form(s)	C	Tip income not reported on line 1a	(see ins	structions)				. 1	С	
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep	. 1	d						
W-2G and	е	Taxable dependent care benefits f	. 1	е						
1099-R if tax was withheld.	f	Employer-provided adoption bene	. 1	lf						
If you did not	g	Wages from Form 8919, line 6 .						. 1	g	
get a Form	h	Other earned income (see instructi	ions) .					. 1	h	0.
W-2, see instructions.	i	Nontaxable combat pay election (s	see instr	ructions)		1i				
	Z	Add lines 1a through 1h						. 1	z	0.
Attach Sch. B	2a	Tax-exempt interest	2a			axable interest		. 2	b	110.
if required.	3a	Qualified dividends	3a	8,313.	<b>b</b> O	rdinary divider	nds	. 3	8 <b>b</b> 8	,320.
	4a	IRA distributions	4a		b Ta	axable amount	i	. 4	b	
Standard	5a	Pensions and annuities	5a		b Ta	axable amount		. 5	b	
Deduction for— Single or	6a	Social security benefits	6a		b Ta	axable amount		. 6	b	
Married filing	C	If you elect to use the lump-sum el	lection r	method, check here (	(see i	nstructions)				
separately, \$12,950	7	Capital gain or (loss). Attach Sched	dule D if	f required. If not requ	ıired,	check here			7 -	-400.
Married filing	8	Other income from Schedule 1, line	e 10 .					. 4	B 141	,616.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,			ome			!	9 149	,646.
surviving spouse, \$25,900	10	Adjustments to income from Sche						. 1	0	
Head of	11	Subtract line 10 from line 9. This is		_				. 1	1 149	,646.
household, \$19,400	12	Standard deduction or itemized		•	•			. 1	2 25	,197.
If you checked any box under	13	Qualified business income deducti	ion from	n Form 8995 or Form	8995	5-A		_	3	1.
Standard	14	Add lines 12 and 13						_	4 25	,198.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter -0 This is y	our t	axable incom	e	. 1	5 124	,448.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2022)

Case 3:25-cv-02472-SI Document 1-1 Filed 03/12/25 Page 36 of 49 Form 1040 (2022) Page 2 Tax (see instructions). Check if any from Form(s): 1 8814 16 **2** 4972 3 16 21,455. Tax and 17 Amount from Schedule 2, line 3 Credits 17 18 Add lines 16 and 17 . . . . . 18 21,455. 19 Child tax credit or credit for other dependents from Schedule 8812 19 500. 20 20 Amount from Schedule 3, line 8 7. 21 Add lines 19 and 20 . . . . . . . 21 507. 22 Subtract line 21 from line 18. If zero or less, enter -0-22 20,948. 23 Other taxes, including self-employment tax, from Schedule 2, line 21 23 0. 24 Add lines 22 and 23. This is your total tax 24 20,948. Federal income tax withheld from: **Payments** 25 Form(s) W-2 25a 50,299. а b Form(s) 1099 . . . 25b 0. С Other forms (see instructions) 25c d Add lines 25a through 25c 25d 50,299. 26 2022 estimated tax payments and amount applied from 2021 return 26 If you have a qualifying child, attach Sch. EIC. 27 27 Earned income credit (EIC) . . . . . 28 Additional child tax credit from Schedule 8812 28 29 American opportunity credit from Form 8863, line 8. 29 30 30 Reserved for future use . . . . . . . . 31 Amount from Schedule 3, line 15 . . . . . 31 32 32 Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits 33 50,299. Add lines 25d, 26, and 32. These are your total payments 33 29,351. 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid 34 Refund 35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here 35a 29,351. Direct deposit? Routing number 1 2 1 0 0 0 3 5 8 b X Checking c Type: Savings See instructions. d Account number 36 Amount of line 34 you want applied to your 2023 estimated tax . . . 36 Amount 37 Subtract line 33 from line 24. This is the amount you owe. You Owe For details on how to pay, go to www.irs.gov/Payments or see instructions . 37 38 Estimated tax penalty (see instructions) . Third Party Do you want to allow another person to discuss this return with the IRS? See X No Designee instructions Yes. Complete below. Designee's Personal identification Phone number (PIN) Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and Sign belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Here If the IRS sent you an Identity Your signature Date Your occupation Protection PIN, enter it here (see inst.) Unemployed Joint return?

Keep a copy for your records.

Phone no. (415)235–8678

Preparer's name

Preparer's signature

Preparer's signature

Date

PTIN

Check if:

Self-employed

Date

Go to www.irs.gov/Form1040 for instructions and the latest information.

Firm's name

Firm's address

Spouse's signature. If a joint return, both must sign.

Self-Prepared

See instructions.

Use Only

**BAA** REV 07/10/23 TTW

Spouse's occupation

Form 1040 (2022)

If the IRS sent your spouse an

Phone no.

Firm's EIN

#### **SCHEDULE 1** (Form 1040)

**Additional Income and Adjustments to Income** Attach to Form 1040, 1040-SR, or 1040-NR.

Department of the Treasury Go to www.irs.gov/Form1040 for instructions and the latest information. Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR

OMB No. 1545-0074 Attachment Sequence No. **01** 

Your social security number

Kevi	n N George				
Par	t I Additional Income	·			_
1	Taxable refunds, credits, or offsets of state and local income taxes		1	I	0.
<b>2</b> a	Alimony received			а	
b	Date of original divorce or separation agreement (see instructions):				
3	Business income or (loss). Attach Schedule C		3	3	
4	Other gains or (losses). Attach Form 4797		4	l l	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att	ach Schedule E	. 5	5	
6	Farm income or (loss). Attach Schedule F		6	3	
7	Unemployment compensation		7	7	
8	Other income:				
а	Net operating loss	8a (	)		
b	Gambling	8b			
С	Cancellation of debt	8c			
d	Foreign earned income exclusion from Form 2555	8d (	)		
е	Income from Form 8853	8e			
f	Income from Form 8889	8f			
g	Alaska Permanent Fund dividends	8g			
h	Jury duty pay	8h			
i	Prizes and awards	8i			
j	Activity not engaged in for profit income	8j			
k	Stock options	8k			
- 1	Income from the rental of personal property if you engaged in the rental				
	for profit but were not in the business of renting such property	81			
m	Olympic and Paralympic medals and USOC prize money (see				
	instructions)	8m			
n	Section 951(a) inclusion (see instructions)	8n			
0	Section 951A(a) inclusion (see instructions)	80			
р	Section 461(I) excess business loss adjustment	8p			
q	Taxable distributions from an ABLE account (see instructions)	8q			
r	Scholarship and fellowship grants not reported on Form W-2	8r			
S	Nontaxable amount of Medicaid waiver payments included on Form				
	1040, line 1a or 1d	8s (	)		
t	Pension or annuity from a nonqualifed deferred compensation plan or				
	a nongovernmental section 457 plan	8t 141,	616.		
	Wages earned while incarcerated	8u			
Z	Other income. List type and amount:				
_	T. I.	8z			141 616
9	Total other income. Add lines 8a through 8z			-	141,616.
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SF	i, or 1040-NR, li	ne 8   <b>1</b> 0	U	141,616.

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2022

Schedule 1 (Form 1040) 2022 Page **2** 

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-			
	officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8l from the			
		24b		
С	Nontaxable amount of the value of Olympic and Paralympic medals			
		24c		
d	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	24d		
е	Repayment of supplemental unemployment benefits under the Trade			
		24e		
f	\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	24f		
g	• • • • • • • • • • • • • • • • • • • •	24g		
h	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)	24h		
i	Attorney fees and court costs you paid in connection with an award			
	from the IRS for information you provided that helped the IRS detect			
	tax law violations	24i		
j		24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	- /	24k		
Z	Other adjustments. List type and amount:			
		24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income	. Enter here and on		
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	<u></u>	26	

BAA

REV 07/10/23 TTW

Schedule 1 (Form 1040) 2022

SCHEDULE 3 (Form 1040)

Department of the Treasury

Kevin N George

Internal Revenue Service

**Additional Credits and Payments** 

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2022
Attachment
Sequence No. 03

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Your social security number

Par	t I Nonrefundable Credits		
1	Foreign tax credit. Attach Form 1116 if required	1	7.
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
5	Residential energy credits. Attach Form 5695	5	
6	Other nonrefundable credits:		
а	General business credit. Attach Form 3800 6a		
b	Credit for prior year minimum tax. Attach Form 8801 6b		
С	Adoption credit. Attach Form 8839		
d	Credit for the elderly or disabled. Attach Schedule R 6d		
е	Alternative motor vehicle credit. Attach Form 8910 6e		
f	Qualified plug-in motor vehicle credit. Attach Form 8936 6f		
g	Mortgage interest credit. Attach Form 8396 6g		
h	District of Columbia first-time homebuyer credit. Attach Form 8859 6h		
i	Qualified electric vehicle credit. Attach Form 8834 6i		
j	Alternative fuel vehicle refueling property credit. Attach Form 8911 6j		
k	Credit to holders of tax credit bonds. Attach Form 8912 6k		
1	Amount on Form 8978, line 14. See instructions 6I		
Z	Other nonrefundable credits. List type and amount:		
	6z		
7	Total other nonrefundable credits. Add lines 6a through 6z	7	
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	8	7.

(continued on page 2)

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Schedule 3 (Form 1040) 2022 Page 2 Part II **Other Payments and Refundable Credits** 9 Net premium tax credit. Attach Form 8962 . . . . . . . . . . . . . . . . 9 10 Amount paid with request for extension to file (see instructions) . . . . . 10 11 Excess social security and tier 1 RRTA tax withheld . . . . . 11 12 Credit for federal tax on fuels, Attach Form 4136 . . . 12 13 Other payments or refundable credits: **a** Form 2439 13a **b** Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken before April 1, 2021 . . . . . . 13b c Reserved for future use . . . . . . . . . 13c d Credit for repayment of amounts included in income from earlier 13d **e** Reserved for future use . . . . . 13e f Deferred amount of net 965 tax liability (see instructions) . . . 13f 13g h Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken after March 31, 2021, and 13h **z** Other payments or refundable credits. List type and amount: 13z 14 14 Total other payments or refundable credits. Add lines 13a through 13z . . . . .

Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR,

BAA

15

15

# SCHEDULE A (Form 1040)

Department of the Treasury Internal Revenue Service

### **Itemized Deductions**

Go to www.irs.gov/ScheduleA for instructions and the latest information.

Attach to Form 1040 or 1040-SR.

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

2022

Attachment
Sequence No. 07

Name(s) shown on	Form	1040 or 1040-SR		Y	our s	ocial security number
Kevin N G	eor	ge				
Medical		Caution: Do not include expenses reimbursed or paid by others.				
and	1	Medical and dental expenses (see instructions)	1	0 .		
Dental	2	Enter amount from Form 1040 or 1040-SR, line 11 2 149,646.				
Expenses	3	Multiply line 2 by 7.5% (0.075)	3	11,223.		
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0			4	
Taxes You	5	State and local taxes.				
Paid	a	a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box	5a	19,586		
	k	State and local real estate taxes (see instructions)	5b	10,920		
	C	State and local personal property taxes	5с	418		
	c	Add lines 5a through 5c	5d	30,924		
	e	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing				
		separately)	5e	10,000		
	6	Other taxes. List type and amount:				
			6			
	7	Add lines 5e and 6			7	10,000.
Interest You Paid Caution: Your mortgage interest deduction may be limited. See instructions.	8	Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box	8a	12,735		
instituctions.	k	DHome mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address	8b			
	c	Points not reported to you on Form 1098. See instructions for special				
		rules	8c		-	
		Reserved for future use	8d			
		Add lines 8a through 8c	8e	12,735		
		Investment interest. Attach Form 4952 if required. See instructions.	9			10 505
		Add lines 8e and 9			10	12,735.
Gifts to Charity	11	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	11	2,012.		
Caution: If you	12	Other than by cash or check. If you made any gift of \$250 or more,				
made a gift and got a benefit for it,		see instructions. You <b>must</b> attach Form 8283 if over \$500	12	450		
see instructions.	13	Carryover from prior year	13			
	14	Add lines 11 through 13			14	2,462.
Casualty and Theft Losses			r tha 8 of	n net qualified that form. See	15	
Other	16	Other—from list in instructions. List type and amount:	•			
Itemized Deductions						
	17	Add the amounts in the fer right column for lines 4 through 10 Alexan	n+o-	this amount an		<b>'</b>
Total Itemized		Add the amounts in the far right column for lines 4 through 16. Also, e Form 1040 or 1040-SR, line 12			17	25,197.
Deductions	18	If you elect to itemize deductions even though they are less than your check this box				

#### **SCHEDULE B** (Form 1040)

Department of the Treasury Internal Revenue Service

## **Interest and Ordinary Dividends**

Go to www.irs.gov/ScheduleB for instructions and the latest information. Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074

Name(s) shown on return

Attachment Sequence No. **08** Your social security number

Kevin N Ge	orge				
Part I	1	List name of payer. If any interest is from a seller-financed mortgage and the		Amount	
Interest		buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address:			
(See instructions and the Instructions for Form 1040, line 2b.)		Bank of America		110.:	23
Note: If you					
received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.			1		
	2	Add the amounts on line 1	2	110.	23
	3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	3		
	4	Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b	4	110.:	23
		If line 4 is over \$1,500, you must complete Part III.		Amount	
Part II	5	List name of payer: MERRILLLYNCH, PIERCE, FENNER&SMITH		8,295.	
Ordinary		Zions Bancorporation N A		23.	86
Dividends					
(See instructions					
and the					
Instructions for Form 1040,					
line 3b.)			5		
Note: If you					
received a					
Form 1099-DIV or substitute					
statement from					
a brokerage firm, list the firm's					
name as the					
payer and enter the ordinary					
dividends shown	6	Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b	6	8,319.	77
on that form.	Note:	If line 6 is over \$1,500, you must complete Part III.			
Part III		nust complete this part if you (a) had over \$1,500 of taxable interest or ordinary divnt; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign			gn
Foreign Accounts					
and Trusts					No
	7a	At any time during 2022, did you have a financial interest in or signature authority of			
Caution: If required, failure to	)	account (such as a bank account, securities account, or brokerage account) locate			×
file FinCEN Form		country? See instructions			
114 may result in substantial		Accounts (FBAR), to report that financial interest or signature authority? See Fin0			
penalties.		and its instructions for filing requirements and exceptions to those requirements .			
Additionally, you may be required	b	If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-			
to file Form 8938,		financial account(s) are located:	-,		
Statement of Specified Foreign					
Financial Assets. See instructions.	8	During 2022, did you receive a distribution from, or were you the grantor of, or t foreign trust? If "Yes." you may have to file Form 3520. See instructions			×

# SCHEDULE D (Form 1040)

Department of the Treasury

## **Capital Gains and Losses**

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/ScheduleD for instructions and the latest information. Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

2022

Attachment Sequence No. **12** 

Interna	al Revenue Service	Use Form 8949 to list your tran	sactions for lines	lb, 2, 3, 8b, 9, and 1	0.	5	Sequence No. <b>12</b>
	(s) shown on return vin N George				Your se	ocial se	ecurity number
		y investment(s) in a qualified opportunity 8949 and see its instructions for additiona			_		
Pa	rt I Short-T	erm Capital Gains and Losses—Ge	nerally Assets I	Held One Year	or Less (se	e ins	tructions)
lines This	below.	ow to figure the amounts to enter on the ier to complete if you round off cents to	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmer to gain or loss Form(s) 8949, line 2, colum	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	1099-B for which which you have However, if you	ort-term transactions reported on Form h basis was reported to the IRS and for re no adjustments (see instructions). choose to report all these transactions eave this line blank and go to line 1b.					
1b	Totals for all tran	nsactions reported on Form(s) 8949 with					
2	Totals for all tran	nsactions reported on Form(s) 8949 with					
3	Totals for all tran	nsactions reported on Form(s) 8949 with					
4	Short-term gain	from Form 6252 and short-term gain or (lo	oss) from Forms 4	684, 6781, and 88	324	4	
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1					5		
6	Short-term capir Worksheet in the	tal loss carryover. Enter the amount, if an	-	our <b>Capital Loss</b>		6	(
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back					7		
Par	rt II Long-To	erm Capital Gains and Losses—Ger	nerally Assets H	leld More Than	One Year	(see i	instructions)
lines This	below.	ow to figure the amounts to enter on the ier to complete if you round off cents to	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmer to gain or loss Form(s) 8949, line 2, colum	from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a	1099-B for which which you have However, if you	ng-term transactions reported on Form h basis was reported to the IRS and for re no adjustments (see instructions). choose to report all these transactions eave this line blank and go to line 8b.					
8b	Totals for all tran	nsactions reported on Form(s) 8949 with	0.	400.			-400.
9	Totals for all tran	nsactions reported on Form(s) 8949 with					
10		nsactions reported on Form(s) 8949 with					
11	Gain from Form	4797, Part I; long-term gain from Forms 4, 6781, and 8824				11	
12 13	Net long-term ga	ain or (loss) from partnerships, S corporation ributions. See the instructions	ions, estates, and	trusts from Scheo	dule(s) K-1	12	
		al loss carryover. Enter the amount, if any	, from line 13 of y	our <b>Capital Loss</b>	Carryover	14	(
15	Net long-term	capital gain or (loss). Combine lines 8a	through 14 in co	lumn (h). Then, go	to Part III	15	-400.

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Schedule D (Form 1040) 2022 Page **2** 

Part	Summary		
16	Combine lines 7 and 15 and enter the result	16	-400.
	• If line 16 is a <b>gain</b> , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.		
	• If line 16 is a <b>loss</b> , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.		
	• If line 16 is <b>zero</b> , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.		
17	Are lines 15 and 16 <b>both</b> gains?		
	<ul><li>Yes. Go to line 18.</li><li>No. Skip lines 18 through 21, and go to line 22.</li></ul>		
18	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
40			
19	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20	Are lines 18 and 19 both zero or blank and you are not filing Form 4952?  ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below.		
	■ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of:		
	• The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500)	21 (	400.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?		
	▼ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.		
	■ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

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Schedule D (Form 1040) 2022

Form 8949 (2022) Attachment Sequence No. **12A** Page **2** 

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Kevin N George

Social security number or taxpayer identification number

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II

**Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, *or* F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

<ul> <li>X (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)</li> <li>☐ (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS</li> <li>☐ (F) Long-term transactions not reported to you on Form 1099-B</li> </ul>										
(a) Description of property	(b) Date acquired	(c) Date sold or	<b>(d)</b> Proceeds	(e) Cost or other basis See the <b>Note</b> below	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		If you enter an amount in column (g), enter a code in column (f).		(h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).			
200.00sh of PARADISE INC	04/01/19	07/08/22	0.	400.			-400.			
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	l here and inc is checked), <b>lir</b>	lude on your ne 9 (if Box E	0.	400.			-400.			

**Note:** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

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#### SCHEDULE 8812 (Form 1040)

# Credits for Qualifying Children and Other Dependents

Attach to Form 1040, 1040-SR, or 1040-NR.

2022

OMB No. 1545-0074

Attachment Sequence No. **47** 

Department of the Treasury Internal Revenue Service

13

Go to www.irs.gov/Schedule8812 for instructions and the latest information.

Name(s) shown on return Your social security number Kevin N George **Child Tax Credit and Credit for Other Dependents** Part I 1 Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR 1 149,646 Enter income from Puerto Rico that you excluded . . . . . 2a Enter the amounts from lines 45 and 50 of your Form 2555 b 2h 0 c Enter the amount from line 15 of your Form 4563 . . . 2c Add lines 2a through 2c . . . . . . . . 2d 3 3 149,646. 4 Number of qualifying children under age 17 with the required social security number 0 5 5 Number of other dependents, including any qualifying children who are not under age 6 6 Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4. 7 Multiply line 6 by \$500 . . . . . . . . . . . . . . . . . 7 500. 8 8 Add lines 5 and 7 . . . . 500. Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 • All other filing statuses—\$200,000 9 200,000. 10 Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. 10 0. Multiply line 10 by 5% (0.05) . . . . . . . . . . . 11 11 0. 12 Is the amount on line 8 more than the amount on line 11? . . . 12 500. No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit.

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

Enter the smaller of line 12 or 13. This is your child tax credit and credit for other dependents.

For Paperwork Reduction Act Notice, see your tax return instructions.

Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.

X Yes. Subtract line 11 from line 8. Enter the result.

Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.

Enter the amount from the Credit Limit Worksheet A

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Schedule 8812 (Form 1040) 2022

21,448.

500.

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Schedu	ıle 8812 (Form 1040) 2022		Page 2
Part	II-A Additional Child Tax Credit for All Filers		
Cauti	on: If you file Form 2555, you cannot claim the additional child tax credit.		
15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line	e 27 .	
16a	Subtract line 14 from line 12. If zero, <b>stop here</b> ; you cannot take the additional child tax credit. Skip Parts II-A		
	and II-B. Enter -0- on line 27	16a	0.
b	Number of qualifying children under 17 with the required social security number: x \$1,500.		
	Enter the result. If zero, <b>stop here</b> ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B.		
	Enter -0- on line 27	16b	
	<b>TIP:</b> The number of children you use for this line is the same as the number of children you used for line 4.		
17	Enter the <b>smaller</b> of line 16a or line 16b	17	
18a	Earned income (see instructions)		
b	Nontaxable combat pay (see instructions)		
19	Is the amount on line 18a more than \$2,500?		
	■ No. Leave line 19 blank and enter -0- on line 20.		
	Yes. Subtract \$2,500 from the amount on line 18a. Enter the result 19		
20	Multiply the amount on line 19 by 15% (0.15) and enter the result $\dots \dots \dots \dots \dots \dots \dots$	20	
	<b>Next.</b> On line 16b, is the amount \$4,500 or more?		
	No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the		
	<b>smaller</b> of line 17 or line 20 on line 27.		
	Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27.		
	Otherwise, go to line 21.		
Part	II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Resident	s of Pu	erto Rico
21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2,		
	boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If		
	your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see		
	instructions		
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form		
	1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . 22	_	
23	Add lines 21 and 22	_	
24	1040 and		
	1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27,		
	and Schedule 3 (Form 1040), line 11.		
25	1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11.	25	
25	Subtract line 24 from line 23. If zero or less, enter -0	25	
26	Next, enter the smaller of line 25	26	
Dart	II-C Additional Child Tax Credit		
27 27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27	
41	THIS IS YOUT AUGILIONAL CHIID TAX CICUIT. PHIEF THIS AMOUNT ON FORM 1040, 1040-5K, OF 1040-NK, HIIE 28	1 4/	

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Schedule 8812 (Form 1040) 2022

8995 Form

Department of the Treasury

Internal Revenue Service

# Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

Go to www.irs.gov/Form8995 for instructions and the latest information.

OMB No. 1545-2294

2022

Attachment Sequence No. **55** 

Name(s) shown on return	Your taxpaye	r identification number
Kevin N George		

**Note.** You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$170,050 (\$340,100 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number		Qualified business income or (loss)
i_				
ii				
_iii				
iv				
_ v				
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2		
3	Qualified business net (loss) carryforward from the prior year	3 ( )		
4 5	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-Qualified business income component. Multiply line 4 by 20% (0.20)	4	5	
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6 4.		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7 ( )		
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0	8 4.		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9	1.
10	Qualified business income deduction before the income limitation. Add lines 5 an	1	10	1.
11 12	Taxable income before qualified business income deduction (see instructions)  Net capital gain (see instructions)	11 124,449. 12 8,313.		
13	Subtract line 12 from line 11. If zero or less, enter -0-	13 116,136.		
14	Income limitation. Multiply line 13 by 20% (0.20)		14	23,227.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also	enter this amount on		
	the applicable line of your return (see instructions)		15	1.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than		16	( 0.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 a zero, enter -0		17	( 0.)

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

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Form **8995** (2022)

## Schedule 1

#### State and Local Income Tax Refund Worksheet

2022

Line 1 State and local taxes paid in 2021 or prior years and refunded in 2022 Name(s) Shown on Return Social Security Number Kevin N George Part I State and Local Income Tax Refunds from 2021 Tax Returns 1 (f) (a) (b) (d) (e) (g) (c) State Refund Estimated Extension Total Refund Refund Tax Paid **Payments** Amount **Payments** Allocated to Allocated to or Local After and Column (c) Column (d) Code 12/31/2021 Withholding CA 9,876. 17,864. Totals . 9,876. 17,864. Refund allocated to tax paid after 12/31/2021. Total line 1 columns (f) and (g). Part II Recovery Amount The recovery amount is the state and local income tax deducted in 2021 refunded in 2022. Total state and local income tax deduction from line 5a of your 2021 Schedule A . . . . Part III Recovery Exclusion The recovery exclusion is the part of the recovery amount which did not reduce tax in 2021. Recovery exclusion from sales tax deduction, SALT limitation and standard deduction: **b** Allowable itemized deductions, refigured by excluding recovery amount: (1) Refigured state and local tax deduction (Schedule A, line 5a): (c) Refigured deduction. Larger of (a) or (b) 30,362. c 2021 standard deduction based on 2021 filing status and deductions. . . . . . . . . . . . . . . . 30,362. e Subtract line 7d from line 7a . . . . . . . . . . . . . . . . \_ 9,876. Recovery exclusion from negative taxable income. If 2021 taxable income 9 Recovery exclusion from alternative minimum tax. If no alternative minimum tax (AMT) in 2021 enter zero. If did pay AMT in 2021, enter amt from line 24 . . . . . 10 Recovery exclusion from unused tax credits. If no unused credits in 2021, enter zero. If there were unused credits in 2021, enter amount from line 35. . . . . . . 11

#### Part IV Taxable Refund

The recovery amount less the recovery exclusion is a taxable refund. Total taxable refunds from 2020 or prior tax returns. Total line 36 column (d). . . . . . . 13 **Total taxable refunds**. Add lines 12 and 13. Enter here and on Schedule 1, line 1 . . 14